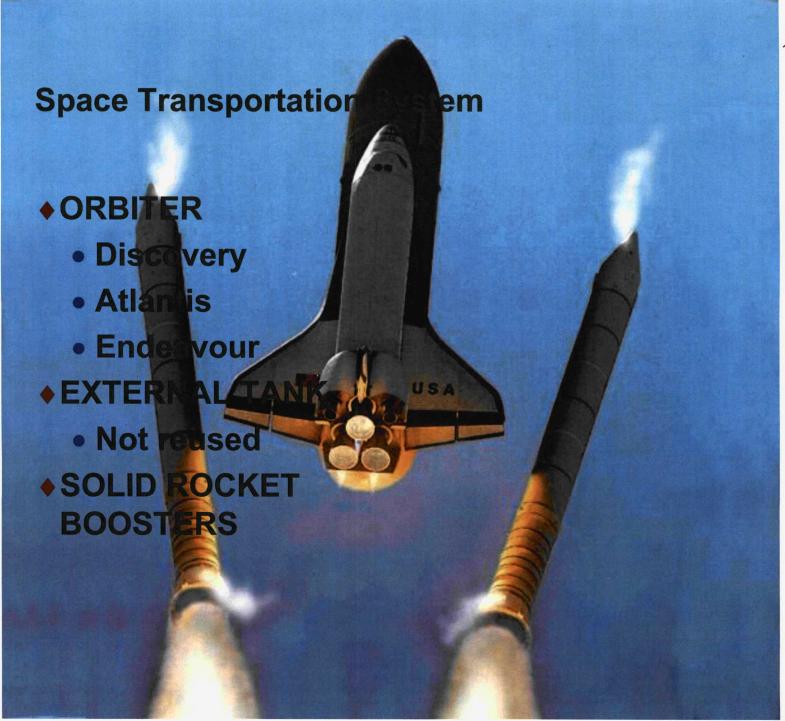




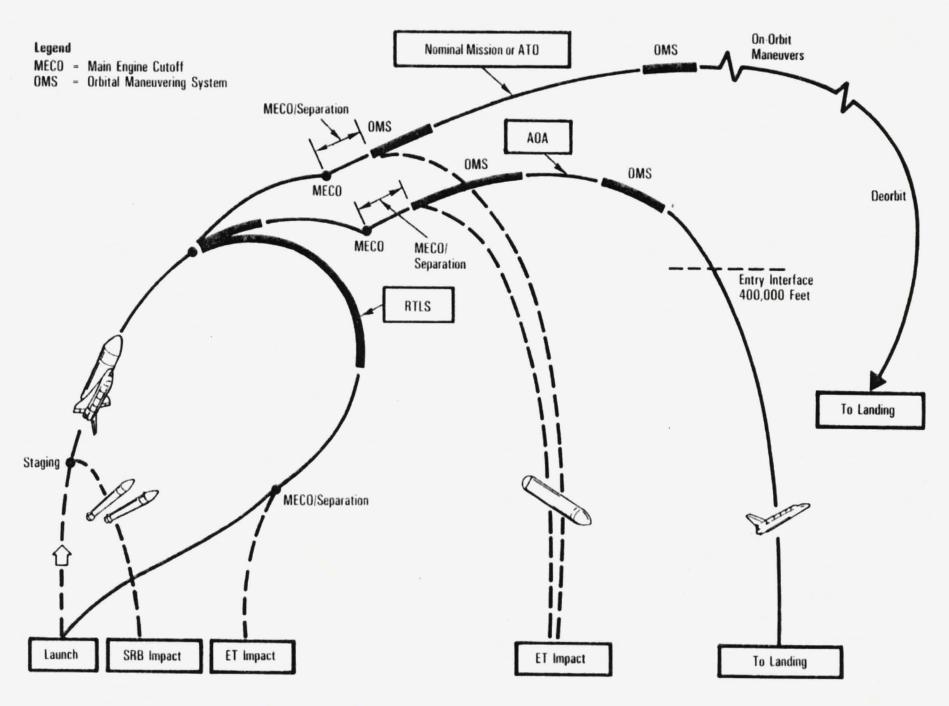
# **Kennedy Space Center Medical Operations and Medical Kit**

Philip Scarpa, MD Medical Operations Manager, KSC









Abort and Normal Mission Profile



## **Potential Injuries to Astronauts**



- **♦ FALLS**
- **BURNS-FIRE**
- **♦ BLAST / EXPLOSION**
- **◆TOXIC CHEMICAL EXPOSURES**
- **◆ DECELERATION / IMPACT**
- ◆ DECOMPRESSION
- ♦ HYPOXIA GH2, GN2 purges
- ♦ HYPOTHERMIA
- **♦ POST-FLIGHT ISSUES**



#### **EMS Flow**



## **♦ MODE DECLARATION**

- Identifying the problem
- Initiating response

#### **♦ RESCUE/EGRESS**

Transfer to triage site

#### **◆TRIAGE**

Decontamination, initial tx and stabilization

#### **◆ MEDEVAC**

• Ground or Air



#### **EMS Flow**



#### **♦ MODE DECLARATION**

- Identifying the problem
- Initiating response

#### **◆RESCUE/EGRESS**

Transfer to triage site

#### **◆TRIAGE**

Decontamination, initial tx and stabilization

#### **◆ MEDEVAC**

• Ground or Air



## **LAUNCH Contingency Modes**



- ◆ MODE 1 PRELAUNCH UNAIDED EGRESS AND ESCAPE (6/7).
- ◆ MODE 2 PRELAUNCH EGRESS AND ESCAPE AIDED BY CLOSEOUT CREW (6/7 + 6).
- ◆ MODE 3 PRELAUNCH EGRESS AND ESCAPE AIDED BY PAD RESCUE TEAM (6/7 + 7).
- ◆ MODE 4 PRELAUNCH EGRESS AND ESCAPE AIDED BY PAD RESCUE TEAM, CLOSEOUT CREW ON STATION (6/7 + 7 + 7).



## **LANDING Contingency Modes**



- ◆ MODE 5 UNAIDED EGRESS AND RESCUE.
- ♦ MODE 6 AIDED EGRESS AND ESCAPE FOLLOWING A MISHAP ON OR NEAR THE SLF RUNWAY.
- ♦ MODE 7 AIDED EGRESS AND ESCAPE FOLLOWING A MISHAP IN A REMOTE AREA.
- ◆ MODE 8 EGRESS AND ESCAPE IN FLIGHT (BAILOUT).



#### **EMS Flow**



## **♦ MODE DECLARATION**

- Identifying the problem
- Initiating response

#### **♦ RESCUE/EGRESS**

Rescue and Transfer to triage site

#### **◆TRIAGE**

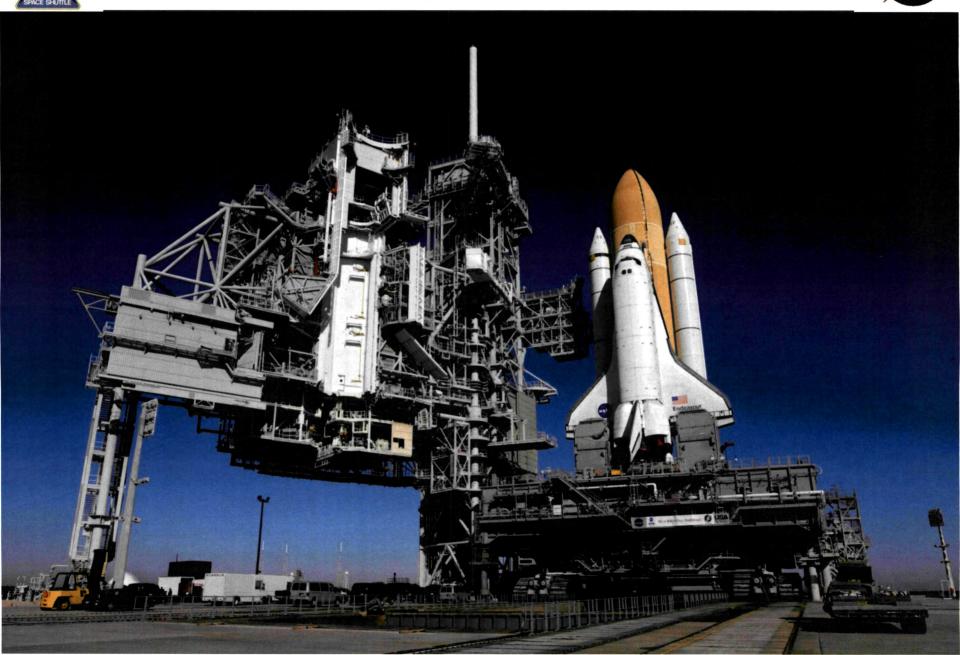
Decontamination, initial tx and stabilization

#### **◆ MEDEVAC**

Ground or Air





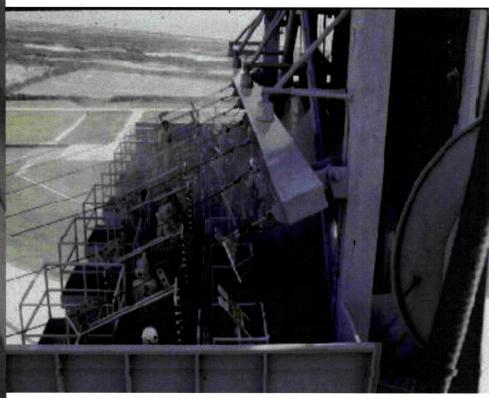
































# Mode 3 & 4





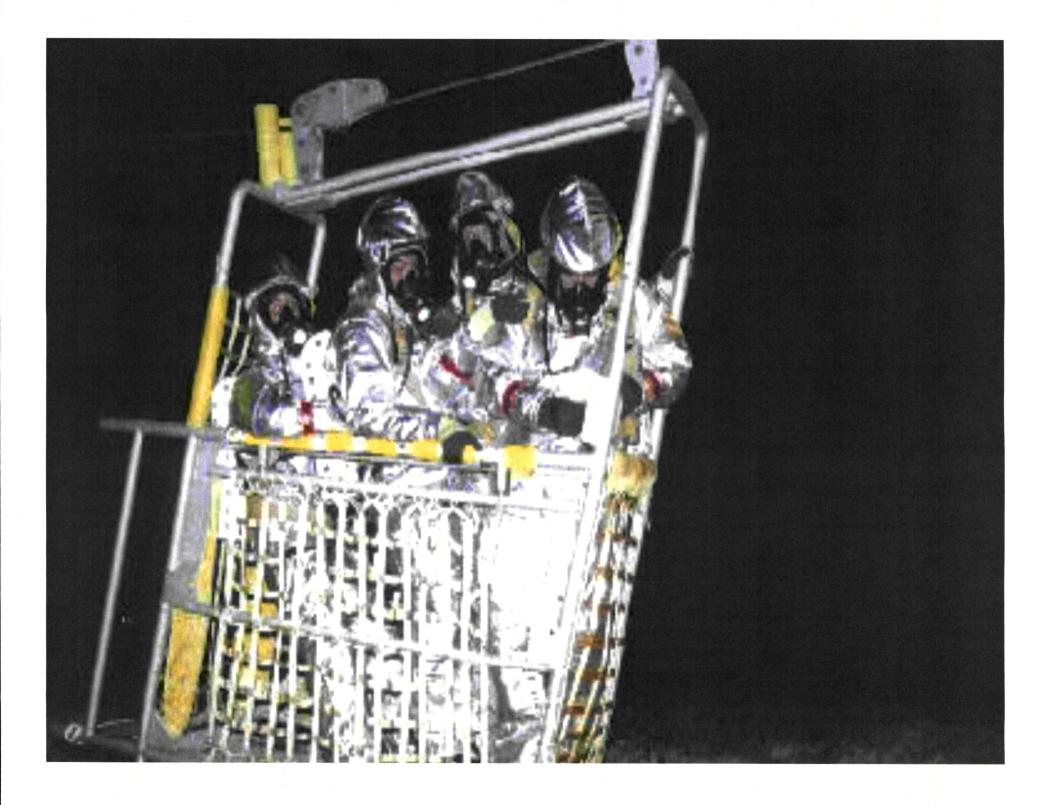
## **RESCUE FORCES – Pad Launch Modes**



- Pad Rescue Team
- 14 Fire/Rescue Spec.(7 up to Tower)
- 2 Armored Personnel Carriers









# Pad Emergency Escape Slide Wire System













## Pad to Bunker to Triage Site





**Launch Tower** 

Slide wire System to Bunker



from fallback location

Fire & Rescue

**Bunker Ops** 



**Triage Site** 



M113 to Triage Site



**Exit Bunker and Enter M113** 





















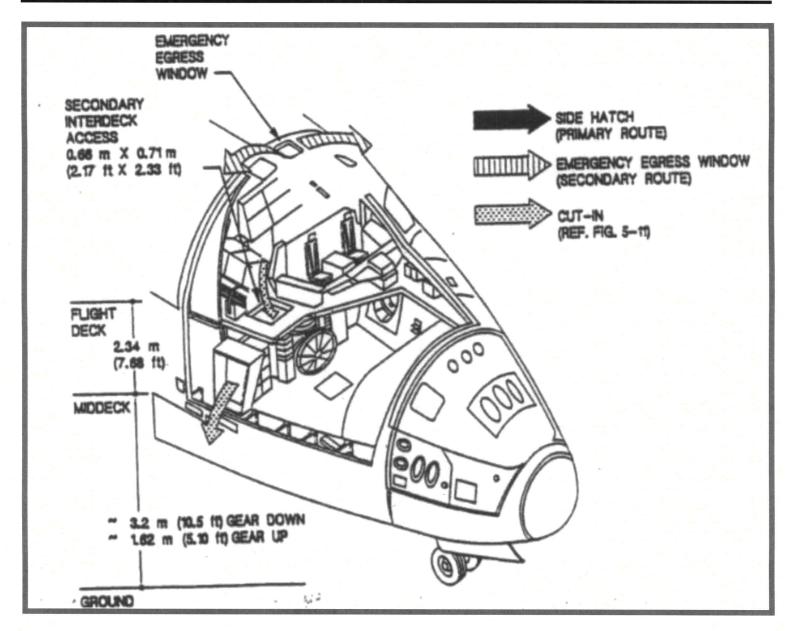






## **SHUTTLE EGRESS**



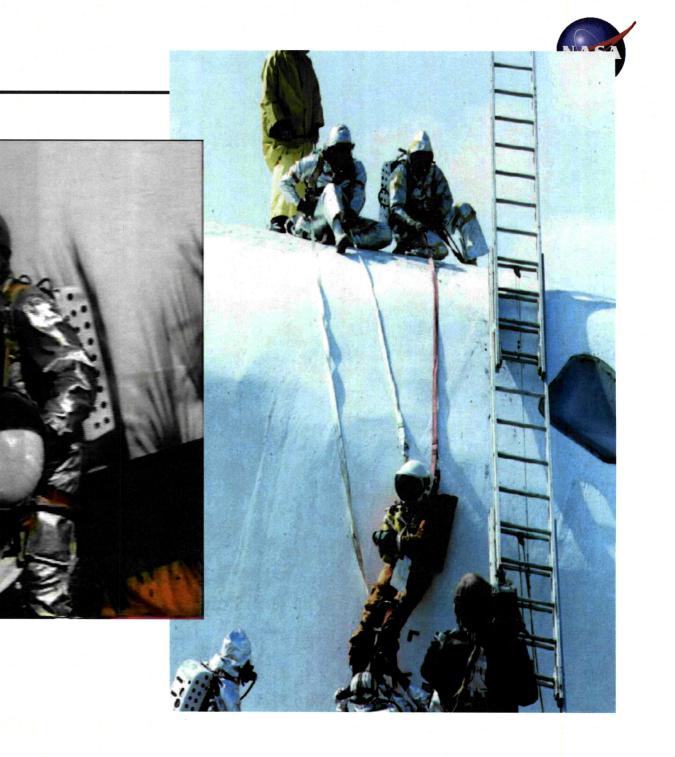




# **Mode 6 Rescue Forces**



- 14 Fire/Rescue Spec.
- Van













## Mode 7 – Rescue Forces

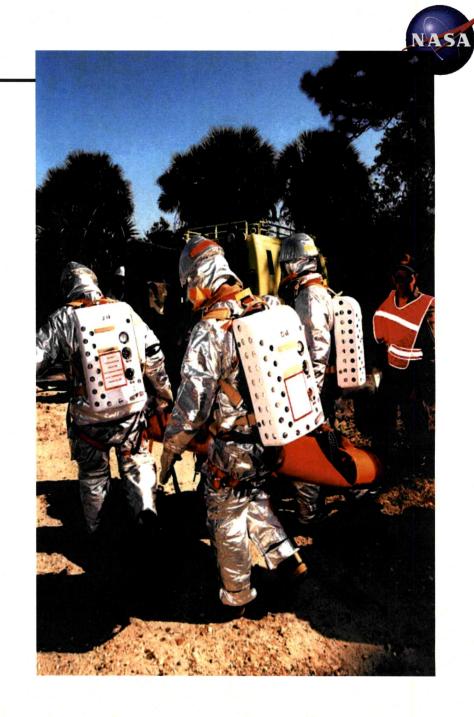


- 14 Fire/Rescue Spec.
- Bearcat
- Helo

























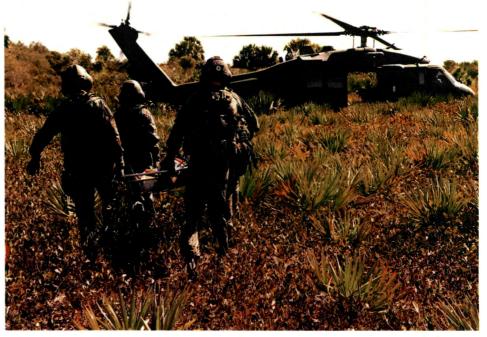










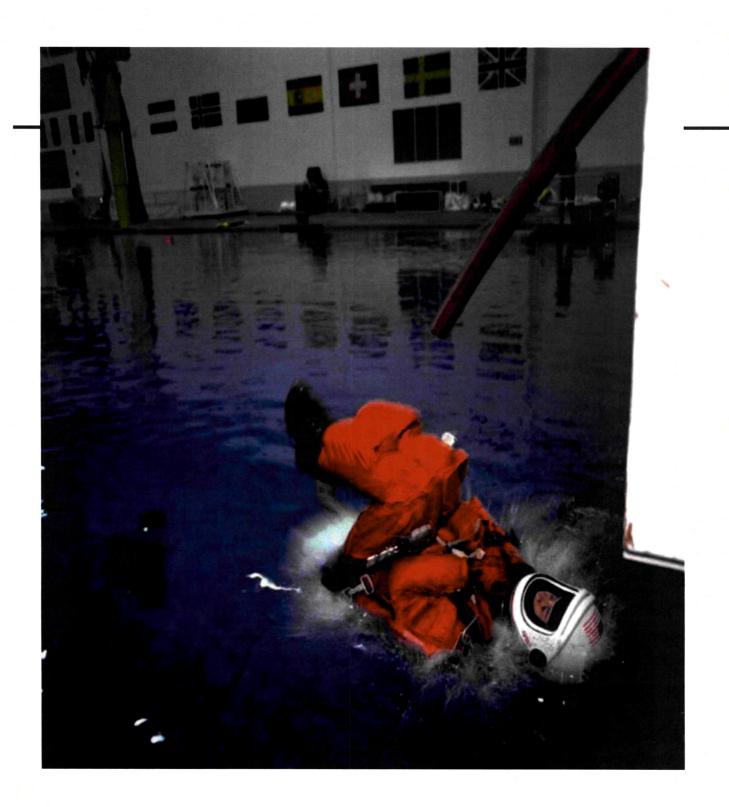




# Mode 8











# Mode 8 - Rescue











#### **EMS Flow**



#### **◆ MODE DECLARATION**

- Identifying the problem
- Initiating response

#### **♦ RESCUE/EGRESS**

Transfer to triage site

#### **◆TRIAGE**

Decontamination, initial tx and stabilization

#### **◆ MEDEVAC**

Ground or Air



# **Triage Site Selection**

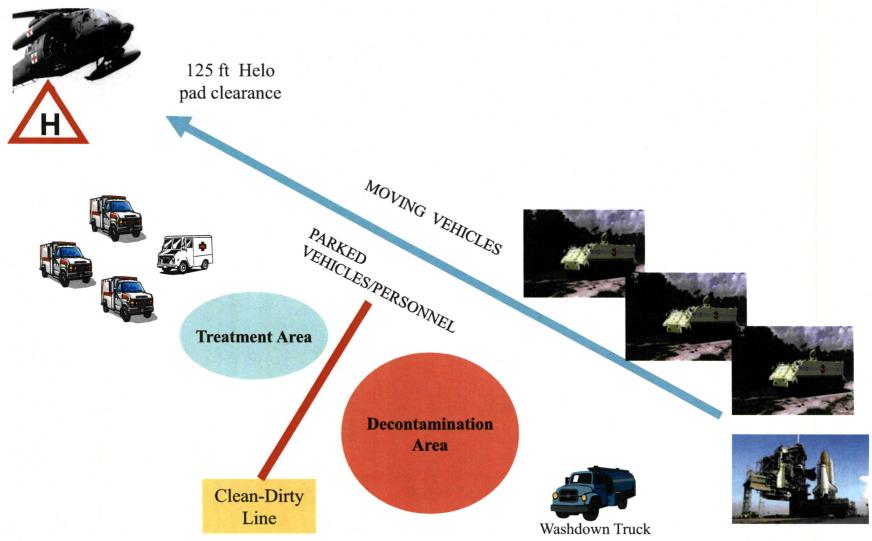


- Wind Direction
- Proximity to contingency



# **Triage Site – Launch Modes 1-4**



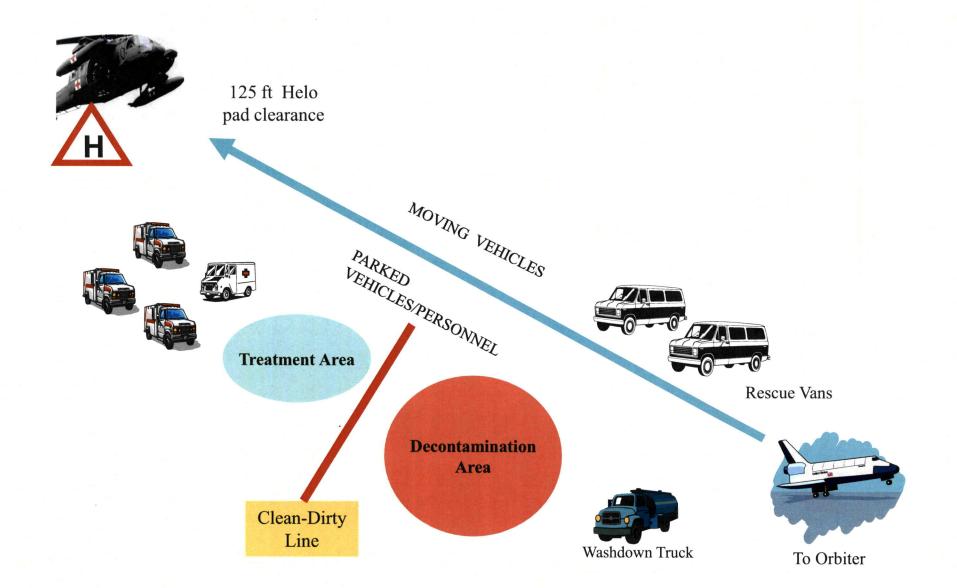


To Pad



# **Triage Site – Landing Modes 5 & 6**

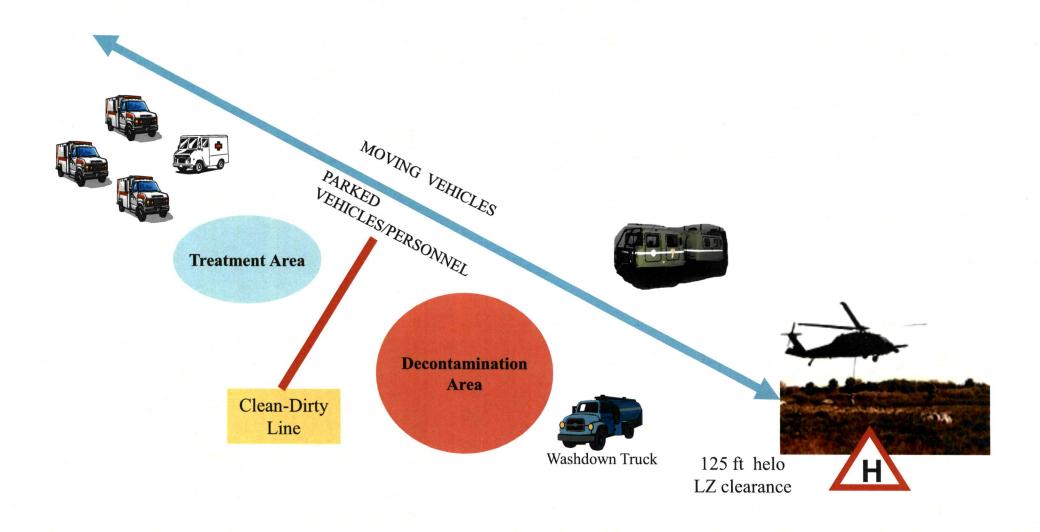






# Triage Site – Mode 7 & 8







## **Triage Site Forces**



- Triage Doc
- Trauma Docs (2)
- Crew Surgeon
- Paramedics (4)
- Ambulances (2-3)
- Medical Communicator
- Logistics Coordinator
- Triage Van
- Environmental Hear
- Washdown Truck
- Lighting Truck

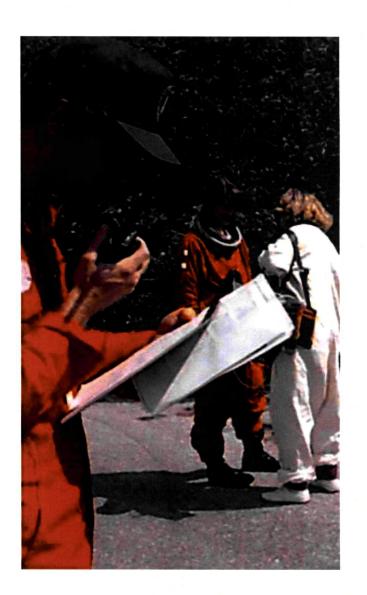




# **Triage Doc**



- ♦KSC Physician
- ◆ Command and Control of Triage Site
- ◆Radio and Wireless
   Telecommunication with
   EMSC in LCC

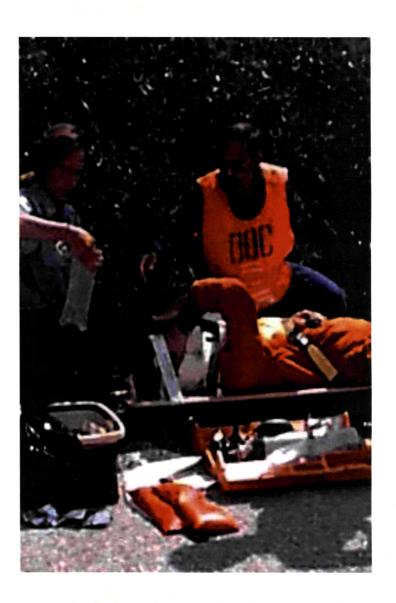




#### **Univ of FL Trauma Docs**



- ◆Trauma Surgeons/ ER/Anesthesiology
- ♦ UF Shands/Jacksonville and Gainesville
- ◆Provide ATLS expertise
- ♦4 for every Launch





# **Flight Crew Surgeons**



- ◆Astronaut's PMD
- ◆ Launch
  - CS at Triage Site
  - DCS with EMSC in LCC
- ◆ Landing
  - CS and DCS in CTV



# **Triage Site - Decon Area**





EH Specialists "Sniffing" Advance Paramedics "Assessing"

Firefighter "Washing"



# **Triage Site - Treatment Area**





Evaluation and Treatment by Paramedics and Trauma Docs



## Mode 7 & 8 – Triage Site vs Direct to Hospital



In Modes 7 & 8 Air Doc can assess and choose Triage Site or go to Hospital

Directly to Hospital – To minimize delay if survivable, need for surgery, neuro trauma, DCS, imaging other than US.

Triage Site – nearby, trauma surgeons, need for further decon, toxicology expertise, extra resources (equipment, IV fluids, meds, personnel, crew surgeons), unable to do needed procedures in helo, initial stabilization if think patient unlikely to survive trip to hospital (some transports to Level I DMCFs can be ~1hr with ground transport arms or distance), med code zeros.



#### **EMS Flow**



#### **◆ MODE DECLARATION**

- Identifying the problem
- Initiating response

#### **♦ RESCUE/EGRESS**

Transfer to triage site

#### **◆TRIAGE**

Decontamination, initial tx and stabilization

#### **◆ MEDEVAC**

• Ground or Air



# Air Medevac













#### **Air Medevac Forces**



## DoD HH-60 Helicopters (2)

- 1 "AirDoc" and 2 "PJs" per helo
- Carries 2 patients





## NASA Hueys (2)

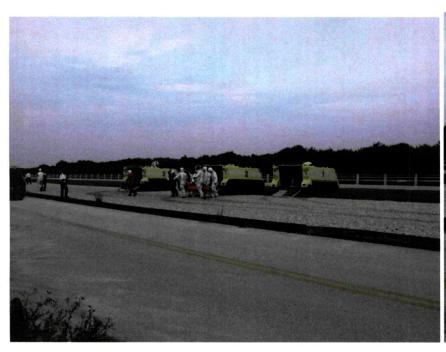
- 2 Paramedics
- 1 Doc
- Carries 2 patients



## **Transport Officer**



- Coordinates all traffic into and out of the Triage Site
- Usually a KSC Fire Chief
- Designates and Polices the LZ
- Assures proper patient handling and transport to/from vehicles
- Communicates activity with Medical forces and EMSC









# **Community Helicopters**



# First Flight

Holmes Regional



# **AirCare**

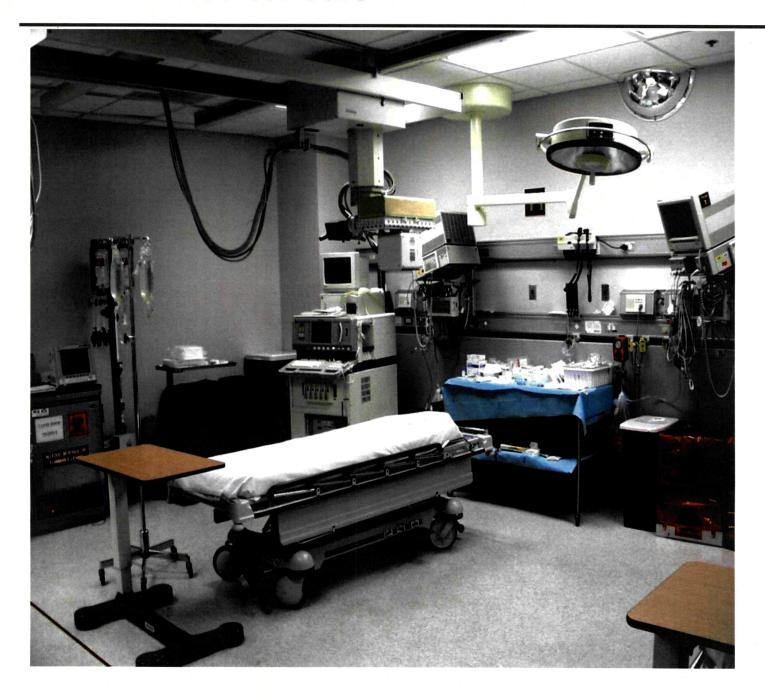
•ORMC





# **Definitive Medical Care**







# **Medical Care Facilities Supporting KSC**



- ♦6 Definitive MCFs
- ◆1 Intermediate MCF
- ♦2 Alternate MCFs



#### **Additional Medical Forces**



#### **♦ KSC Clinic**

- KSC Medical Dispatch
- Trauma Docs (2)
- Ambulance (1)
- Paramedics (4)
- Nurses/MDs
- NASA "Search 2" Helo

#### Biomed Offices

- "KMD" (2)
- "KRN" (1-2)
- Clinical Lab

#### SLF

- Ambulance (2 adv PM), Washdown truck
- **♦ EHF Command Post**
- ◆ Fire Station 1 at CCAFS (2 ambulances)
- ◆ Visitor support (RNs and EMTs)



#### **EMS Coordinator and CBSE**



- ♦ In LCC Firing Room
- Controls all Medical Forces
- ◆ Coordinates Triage and Medevac (with DOD Surg in Modes 7&8)
- Selects appropriate IMCF/DMCFs
- Liaison with Hospitals/EOCs





#### **NASA/DOD Helo Medical Kit**



- Medication Bag (Specific medication uses)
- RSI Bag (NASA RSI protocols)
- Air Doc Medical Kit (Bag)



# **Medication Bag**



Bag External





## **Medication Bag**





#### Top of bag

(two clear plastic sections)
Solumedrol
Narcan
Epi vial- 1:1000
Pack contents list
ACLS med guide

## **External Flap**

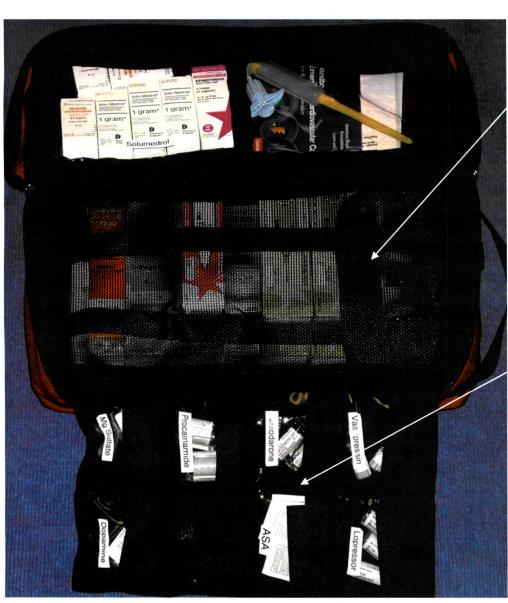
**Treatment cards** 

Zofran
Phenergan
Terbutaline
Pyridoxine (Vit B<sub>6</sub>) IM or IV drip



## **Medication Bag**





## Inside bag under mesh cover

ACLS and other meds

Epinephrine Lasix

Lidocaine Albuterol

Adenosine Benadryl

Atropine

## Internal side of flap

ACLS meds

Vasopressin Lopressor

Amiodarone Dopamine

Mg Sulfate ASA



## **Medication Dosing**



#### ♦ Most meds follow

- AHA ACLS Guidelines
- Traditional drugs and dosing as on Earth

# ♦ NASA unique exposures

- Hydrazine
  - Pyridoxine (vitamin B<sub>6</sub>)
  - Administer 25 mg/kg IV over 30 to 60 minutes, one time dose
- Nitrogen Tetroxide
  - Solumedrol
  - Administer 30 mg/kg IVP over 10 minutes, then Q6hr



# **RSI Bag**





# **Outside of Bag**

Label of Bag number on handle

Instructions for storage
Configured for deployment
Ice bag inside



# **RSI Bag**





#### **Outside Pocket**

**Etomidate** 

## Inside Flap

Lidocaine

# **Inside Foil Packet**

Succinylcholine

Rocuronium

Ativan

Cerebryx

(cool)

Diltiazem

(cool)





#### **NASA Specific RSI Protocols**



#### ♦ Based on NASA Anesthesia Summit in 5/2003

- Astronaut on return tx different: sensitivity to anesthetics, pain meds, sedatives, depolarizing agents
  - Avoid Thiopental, Propofol, Ketamine, Morphine Sulfate (cardiac depression and vasodilation)
  - Avoid cell membrane depolarizing agents (eg, Succinylcholine)
  - Consider Lidocaine in all RSIs to protect the heart
  - Start all meds at lowest range and redose as necessary

#### **♦RSI**

- Pre-flight = Lido, Etom, Sux
- Post-flight or Head/Burns/Crush/Eye = Lido, Etom, Roc
- RSI use is based on competency



# Air Doc Medical Kit (Bag)





◆ Periphery=Circulation

♦ Inner=Airway/

Breathing



## Air Doc Trauma Kit (Bag)





Left Side

Saline 1000ml

Ringers 1000ml

IV Tubing

IV Catheters

IV Start kit



Bottom Compartment

FASTIO Kit

F.A.S.T IO Kit 14 ga CV cath Sterile Gloves Syringes, Needles, Tape



Dopamine
Lidocaine
Mannitol 20% 500ml
Saline 100ml
Saline 250 ml
36 fr Chest Tube



## Air Doc Trauma Kit (Bag)



#### Precautions/Red

Sharps shuttle
Goggles
Exam Gloves
Bio haz bag
Mask

## Airway acc/Grey

Y-Connector Nasal Cannula Non Rebreather mask



# Miscellaneous/ Orange

Gauze
Eye pads
Adaptic dressing
Epistaxis sponge
Foley Cath
Trauma shears



## Air Doc Trauma Kit (Bag)



## Airway Kit/Blue

#### Yellow Stripe

**ET Tubes** 

#### **Green Stripe**

Ambu w/mask

**Oral Airways** 

CO<sub>2</sub> Detector

Waterproof tape

#### **Red Stripe**

Laryngoscope

Blades

10cc Syringe

Lido Jelly

#### <u>Grey</u>

Sam Splint Tracheostomy kit



## <u>Interior (side)</u>

King Airway

#### Chest Tube/Yellow

Petroleum Gauze

Tape

16ga Catheter

Scalpel

**Betadine Prep** 

Heimlich Valve

**Finger Cots** 

Kelly clamp

Xylo 1%/Epi

Instrument set

Suture

10cc Syringe



# Summary



#### Introduction to:

- Local KSC EMS ops: Declaration, Rescue/Egress, Triage, Medevac
- KSC Launch and Landing Contingency Modes (1-8)
  - Mechanisms of Injury, Types of Tx needed
- Triage Site set up, flow, resources
- Helo Medical Kit